

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.			
1	/						51				
2		/					52				
3		/					53				
4		/					54				
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42		/					92				
43	/						93				
44		/					94				
45		/					95				
46		/					96				
47		/					97				
48							98				
49							99				
50							100				
TOTAL IND.		6					TOTAL IND.				
TOTAL DEP.	41		J		J			J			
TOTAL CLAIMS	47						TOTAL DEP.				
								J			
									J		
										J	